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27019 7590 05/13/2005

THE CLOROX COMPANY
1221 BROADWAY PO BOX 2351
OAKLAND, CA 94623

05/31/2005 BABRAHA2 00000062 032270 09724651

01 FC:1501 1400.00 DA
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TONI SAMPSON	(Depositor's name)
<i>Toni Sampson</i>	(Signature)
May 25, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/724.651

11/28/2000

Malcolm A. DeLeo

360.76A

7707

TITLE OF INVENTION: HARD SURFACE CLEANER WITH IMPROVED STAIN REPELLENCY COMPRISING A FLUOROPOLYMER AND A QUATERNARY AMMONIUM SURFACTANT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	08/15/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOYER, CHARLES I	1751	510-191000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.---
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 DAVID PETERSON

2 MONICA WINGHART

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THE CLOROX COMPANY

OAKLAND, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 1

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-2870 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Monica Winghart

Date

5-21-05

Typed or printed name

MONICA WINGHART

Registration No.

46,790

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